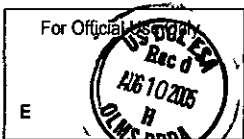


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>01350</u> <u>12488</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Gregory P Gorea</u> P O Box Bldg Room No if any Street <u>106 Memorial Parkway</u> City <u>Utica</u> State <u>New York</u> ZIP Code + 4 <u>13501</u>	4 Name file number and address of labor organization Name <u>United Food and Commercial Workers</u> <u>District Union Local One</u> Labor Organization File Number <u>026-854</u> P O Box Building and Room Number if any Street City <u>106 Memorial Parkway</u> City <u>Utica</u> State <u>New York</u> ZIP Code + 4 <u>13501-4887</u>
5 Position in labor organization <u>Executive Assistant to the President/Recorder</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>6-29-2005</u> Date	<u>315-797-9600 Ext 2320</u> Telephone Number

Name of Person Filing GREGORY P GOREA	File Number U 01350
--	----------------------------

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any P O Box Bldg Room No if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	9 Business deals with <div style="margin-left: 40px;"> a Labor Organization <input checked="" type="checkbox"/> b Trust c Employer </div>
10 If 9 b or 9 c is checked give trust or employer's name Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any P O Box Bldg Room No if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	11 a Nature of such dealing TRUSTEE ON HEALTH CARE AND PENSION FUNDS
	11 b Approximate dollar value of such dealing \$2,821 49
	12 a Nature of interest held or income received INVESTMENT PERFORMANCE SERVICES CONF HILTON HEAD SC REIMBURSED EXPENSES, CONFERENCE REGISTRATION EXPENSES 4/28-5/1/04
	12 b Amount \$2821 49

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing GREGORY P GOREA	File Number U 01350
--	----------------------------

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any P O Box Bldg Room No if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	9 Business deals with <div style="margin-left: 40px;"> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer </div>
10 If 9 b or 9 c is checked give trust or employer's name Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any P O Box Bldg Room No if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	11 a Nature of such dealing <div style="text-align: center;"> TRUSTEE FOR THE PENSION AND HEALTH CARE FUNDS </div>
	11 b Approximate dollar value of such dealing \$2768 20
	12 a Nature of interest held or income received <div style="text-align: center;"> IFEBF CONFERENCE IN ORLANDO FL REIMBURSED EXPENSES AND CONFERENCE REGISTRATION EXPENSES 2/22-2/24/04 </div>
	12 b Amount \$2768 20

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing GREGORY P GOREA	File Number U 01350
--	----------------------------

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any P O Box Bldg Room No if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	9 Business deals with <div style="margin-left: 40px;"> a Labor Organization <input checked="" type="checkbox"/> b Trust c Employer </div>
10 If 9 b or 9 c is checked give trust or employer's name Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any P O Box Bldg Room No if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	11 a Nature of such dealing <div style="text-align: center; padding: 10px;"> PENSION AND HEALTH CARE TRUSTEE </div>
	11 b Approximate dollar value of such dealing \$170 79
	12 a Nature of interest held or income received <div style="text-align: center; padding: 10px;"> REIMBURSED EXPENSES AND MEAL PROVIDED FOR PENSION AND HEALTH CARE TRUSTEES MEETING IN BUFFALO NY 11/11/04 </div>
	12 b Amount \$170 79

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing GREGORY P GOREA	File Number U 01350
--	----------------------------

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any _____ P O Box Bldg Room No if any _____ Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	9 Business deals with <div style="margin-left: 40px;"> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer </div>
10 If 9 b or 9 c is checked give trust or employer's name Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any _____ P O Box Bldg Room No if any _____ Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	11 a Nature of such dealing <div style="text-align: center; padding: 10px;"> TRUSTEE HEALTH CARE AND PENSION FUNDS </div>
	11 b Approximate dollar value of such dealing <div style="text-align: center; padding: 10px;"> 12 a Nature of interest held or income received FUND MEETINGS IN COOPERSTOWN NY PROVIDED ROOM AND MEALS 8/19-8/20/04 </div>
	12 b Amount \$612 92

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____ <div style="height: 100px;"></div>
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing	GREGORY P GOREA	File Number U	01350
-----------------------	-----------------	---------------	-------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Chartwell Investment Partners</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Suite 400</p> <p>Street 1235 Westlakes Drive</p> <p>City Berwyn</p> <p>State PA ZIP Code + 4 19130</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>XX b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name UFCW Local One Pension Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 106 Memorial Parkway</p> <p>City Utica NY 13501</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Provides Asset Management of Bond Portfolio for Pension Fund</p> <p>11 b Approximate dollar value of such dealing Unknown</p> <p>12 a Nature of interest held or income received</p> <p>Bellfair C C Golf on 4/24/04</p> <p>12 b Amount \$185 00</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing	GREGORY P GOREA	File Number U	01350
-----------------------	-----------------	---------------	-------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name KELLY PRESS, INC</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 1701 CABIN BRANCH</p> <p>City CHEVERLY</p> <p>State MD ZIP Code + 4 20785</p>	<p>9 Business deals with</p> <p>XX^a Labor Organization</p> <p>b Trust</p> <p>XX</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name UFCW LOCAL ONE HEALTH & PENSION FNDS</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 106 MEMORIAL PARKWAY</p> <p>City UTICA</p> <p>State NY ZIP Code + 4 13501</p>	<p>11 a Nature of such dealing</p> <p>PROVIDES PRINTING TO UNION AND AFFILIATED FUNDS</p> <p>11 b Approximate dollar value of such dealing APPROX \$40,000</p> <p>12 a Nature of interest held or income received</p> <p>GOLF AT CONGRESSIONAL C C</p> <p>9-14-2004</p> <p>12 b Amount \$213 00</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing GREGORY P GOREA	File Number U 01350
--	----------------------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name INVESTMENT PERFORMANCE SERVICES</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 7402 HODGSON MEMORIAL DRIVE</p> <p>City SAVANNAH</p> <p>State GA ZIP Code + 4 31406</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>XX b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name UFCW LOCAL ONE HEALTH & PENSION FNDS</p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any</p> <p>Street 106 MEMORIAL PARKWAY</p> <p>City UTICA</p> <p>State NY ZIP Code + 4 13501</p>	<p>11 a Nature of such dealing</p> <p>PROVIDES FINANCIAL CONSULTING SERVICES TO PENSION FUND AND HEALTH FUND</p> <p>11 b Approximate dollar value of such dealing APPROX \$60,000 00</p> <p>12 a Nature of interest held or income received</p> <p>GOLF AT OTESAGA 8-19-2004</p> <p>Cooperstown Trust Fund Meetings</p> <p>12 b Amount \$90 00</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing	GREGORY P GOREA	File Number U	01350
-----------------------	-----------------	---------------	-------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name BANK OF UTICA</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 222 GENESEE STREET</p> <p>City UTICA</p> <p>State NY ZIP Code + 4 13502</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/>a Labor Organization</p> <p><input checked="" type="checkbox"/>b Trust</p> <p><input type="checkbox"/>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name UFCW LOCAL ONE PENSION & HEALTH FUNDS</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 106 MEMORIAL PARKWAY</p> <p>City UTICA</p> <p>State NEW YORK ZIP Code + 4 13501</p>	<p>11 a Nature of such dealing</p> <p>PROVIDES BANKING SERVICE TO UNION AND FUNDS</p> <p>11 b Approximate dollar value of such dealing UNKNOWN</p> <p>12 a Nature of interest held or income received</p> <p>DINNER @ SAVOY RESTAURANT 5/6/2004</p> <p>12 b Amount \$50 00</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>